



KYADONDO BUSINESS & TECHNICAL INSTITUTE

--	--

APPLICATION FOR ADMISSION INTO KYADONDO BUSINESS & TECHNICAL INSTITUTE

FOR OFFICIAL USE ONLY

PART 1

1. NAMES IN FULL _____ SEX _____
2. DATE OF BIRTH _____ HOME PARISH _____ SUBCOUNTY _____
COUNTY _____ DISTRICT _____
3. PERMANENT ADDRESS _____
4. CURRENT TELEPHONE NUMBER _____

PART 2

5. Uganda Advanced Certificate of Education (UACE) or Equivalent
(a) Year _____ Index _____ Exam Authority _____

UACE	RESULTS IN EACH PAPER	OVERALL RESULT	COURSE 1 POINTS	COURSE 2 POINTS	COURSE 3 POINTS	COURSE 4 POINTS

(b) If you attempted other examinations give years and awards

(i) Year _____ Award _____ Exam Authority _____

(ii) Year _____ Award _____ Exam Authority _____

N.B Attach Result Slip.

6. Uganda Certificate of Education (UCE) or Equivalent (Attach Result Slip to this Form)

(ii) Year _____ Index _____ Exam Authority _____

ENTER result grades in (figures) for UCE below:

SUBJECT	ENG	LIT	CRE	IRE	HIS	GEO	POL	MAT	PHY	CHE	BIO	ART	MUS	ACC		
GRADES																

ENTER result grades in (figures) for UACE in below:

SUBJECT	ENG	LIT	CRE	IRE	HIS	GEO	POL	MAT	PHY	CHE	BIO	ART	MUS	ACC		
GRADES																

N.B Attach Results Slip

7. If offering/offered qualification other than UCE and UACE gives detail below.

PART 3

8 CHOICE OF THE COURSE/PROFESSION

- 1. 1st Choice _____
- 2. 2nd Choice _____
- 3. 3rd Choice _____
- 4. 4th Choice _____

PART 4

9. School attended (Give names and years)

Year from to	Names of school/institution	Qualification

10. Position of responsibility held while at school(e.g Prefect, Sports Captain etc)

11. If you left school, give brief details of employment or studies undertaken. You may use separate sheet of paper

12. Declaration. I the undersigned declare that the information given on this form is correct

Signature _____ Date _____

PART 5

Parents' / Guardian's Information. *(All students are required to give facts on the following).*

Father

Mother

Full Names: _____	_____
Date of birth: _____	_____
Village of birth: _____	_____
Sub-County: _____	_____
District of Birth: _____	_____
Nationality: _____	_____
Country of Residence: _____	_____
_____	_____
Tel: Contact: _____	_____

14. Rate the student's health, general conduct, relationship to staff/students, attitude to work etc.

	Excellent	Good	Average	Poor	Bad	Comment
Health						
Games						
Conduct						
Attitude to work						

Name: _____ Title _____ Signature: _____

Date _____ Stamp: _____

15. FRIENDSHIP RECOMENDATION:

You're required to identify four (4) of your classmates who can comment about you.

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

16. FOR OFFICIAL USE ONLY

Course applied for and confirmed:.....

Requirements Submitted / not submitted:.....

Grades Verified / Not Verified:.....

Course Approved / Not Approved:.....

Date:.....

.....

For: KYADONDO BUSINESS & TECHNICAL INSTITUTE.